THE COMMONWEALTH OF MASSACHUSETTS
TRAVEL AUTHORIZATION FORM (Form TAF)
Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

1. Date of Request: May 2, 2010	2. Travel Request #:	3. Department/Division: DPH	4. DEPT/ORGN: 0294	5. Appropriation No.: 8100-9745

6. Name of Traveler(s): Stacey Feiden	7. Title(s): Chemist I	8. Dates of Travel: 20-25 June 2010	8.a Destination Sterling, VA

9. Travel Itinerary and Justification (If travel is privately subsidized, statement of purpose must include anticipated benefit to the Commonwealth and Employee:

Ms. Feiden will travel to Sterling, Virginia June 20-25, 2010 to attend the Forensic Chemistry Seminar offered by the US Drug Enforcemnt Authority (DEA). The DEA provides high quality, hands-on training for analytical chemists involved in forensic analysis. Ms. Feiden is a Chemist I in the Drug Analysis Laboratory. As a junior member of the laboratory, it is important that she attend this training to have a strong theoretical background in addition to practical experience. Topics included in the session include evidence handling, analytical testing, drug trends and court room testimony.

Ms. Feiden's travel will be funded by the Coverdell Grant, through an ISA with the Executive Office of Public Safety. The Coverdell award is designed to develop laboratory capability, improve infrastructure and increase laboratory capacity & throughput. Attendance at the DEA Forensic Chemistry Seminar is a condition of funding.

☒ Supporting documentation, i.e. agendas or brochures, is attached.

Signature of Bureau Director/Assistant Commissioner/Hospital Director: Linda L. Han, MD, MPH   Date: 5/4/10

10. Estimated Expenses:

	Private Funds	State/Federal Funds	Personal Funds	Other Funds
Transportation: (check all that apply) ☒ Air ☐ Rail ☐ Bus ☐ Taxi Car: ☐ State ☒ Personal ☐ Rental		$399.40 $3.20		
Lodging:		$819.50		
Meals:		$96.00		
Other: (please list): Registration Fee Airport Parking Toll leaving Logan		$168.00 $3.50		
Sub Total(s)		$1,489.60		

Grand Total	$1,489.60

11. Include names of all other travelers (including family, friends or coworkers) and how they will pay. In addition, if the travel consists of a non-business component, please describe:

Lisa Glazer

12. Privately Subsidized Travel Information: Not Applicable ☐

Name of Contact Person:		Describe all activities offered and intent to participate:
Company:		
Address:		
Business Activity:		
Telephone Number:		Relationship Between Private Party and the Commonwealth:

13. Certifications and Authorizations

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Signature of Traveler: Stacey Feiden	Date: 5/4/10

I hereby certify that sufficient funds are available for the above described travel accommodations. ☐ Delegation from Secretary granted.

Signature of Department Head or Designee: Title: Date:

| ☐ Approved | ☐ Disapproved | ☐ Approved With Modifications | ☐ Comments Attached |

Signature of Cabinet Secretary: **Date:** OIG_PRR

TRAVEL AUTHORIZATION FORM (Form TAF) - INSTRUCTIONS

Travelers should receive fare and rate estimates from the statewide contract travel agents. (See *OSD Update 97-1, Statewide Contract for Travel Services,* for contractor information) If travel is being subsidized, or partially subsidized by a private party, shaded areas must be completed to comply with 801 CMR 7.00. Travel itinerary and other details need only be completed to the extent that each Department's internal control policies are satisfied.

1. Date of Request: Date the form is executed by traveler.
2. Travel Request #: Departmental Fiscal Officer may insert internal control or sequence number for audit/tracking purposes.
3. Department/Division: Insert the name of your department and division.
4. DEPT/ORGN: Insert traveler's Departmental MMARS three-letter code and four-digit Organization Number.
5. Appropriation Number: Insert the appropriation number against which travel purchases are to be encumbered and expended.
6. Name(s) of Traveler(s): List travelers if itineraries are the same, **EXCEPT in the case of privately subsidized travel, where an individual form for each traveler is required.**
7. Title(s): Position/Title of each traveler.
8. Dates of Travel: List the dates of travel.
8.a. Destination: List Travel Destination
9. Travel Itinerary and Justification: The traveler should provide the destination and a brief summary of the trip itinerary. State the sponsoring organization. To comply with 801 CMR 7.00, privately subsidized travel must be for an express benefit for the employee in an official capacity and for the Commonwealth. State what those benefits are. Supporting documentation may be attached.
10. Estimated Expenses:
    Private Funds: Indicate the total funding for this trip on behalf of the state traveler from a private source pursuant to 801 CMR 7.00.
    State/Fed Funds: Indicate the total funds that will be expended by the Department on behalf of the state employee traveler, either in direct payment to a travel service vendor, charge account vendor, or through employee reimbursements.
    Personal Funds: Indicate the amount of personal funds that are to be used (required by 801 CMR 7.00).
       Transportation: Include the total round-trip travel fare for a common carrier (air, rail bus, etc.). If using a personal vehicle, indicate the rate per mile that is reimbursable under the relevant provisions of current Collective Bargaining Agreements for union members or applicable Rules for non-union employees.
       Lodging: Include the total hotel room and tax expenditure. Use more than one line if more than one hotel property is used.
       Meals: Indicate the total reimbursable amount for meals. It is not necessary to break out the individual amounts for each meal. This will be accounted for in attached receipts and departmental internal control procedures.
       Other: State type and expense of any anticipated expenses not otherwise named, such as telephone calls.
       Sub Total: Total the dollar expenditure expected for each line.
       Grand Total: List the grand total for the trip. (The sum of the sub totals for Private Fund, State/Fed Fund, Personal Fund and Other Fund.)
11. Persons Accompanying Employee: If other parties, including other state employees, are accompanying the traveler, state their name(s), Titles, and Relationship (whether a personal or business relationship).
    Non-Business Component of Travel: Explain if personal travel will extend or is included in this trip, also if spouse, family, or others will participate, state briefly the nature of the travel. If not applicable, check "Not Applicable."
12. Privately Subsidized Travel Information: If this trip is being subsidized or partially subsidized by a private party, describe in the categories provided, the necessary information of the private party subsidizing the travel for official purposes, and explain what their connection is with the Commonwealth. If travel is not being privately subsidized, check "Not Applicable."
13. Certifications and Authorizations: This section has up to three signature requirements.
    a) When Travel is privately subsidized, the Traveler must the sign the certification.
    b) The Department Head or delegate should check the box indicating that he or she is authorized by the Cabinet Secretary to grant final approval for out-of-state travel, then Approve, Disapprove, or Approve with Modifications the travel request on this form. The Department Head may make changes to the document, or refer to the modifications to be made in the space provided as necessary.
    c) The respective Cabinet Secretary must sign this form when privately subsidized travel is authorized. The Cabinet Secretary must also sign this form if general travel authorization is not Delegated to the respective Department Head (see above).